



Town Hall

November 13, 2024

Please note that some of our resources are held behind membership firewalls. Join CAHIP/NABIP for the best access to resources that will help unify our voices.



Antitrust

ANTITRUST COMPLIANCE POLICY OF CAHIP

It is the policy of California Agents & Health Insurance Professionals (CAHIP) to fully comply with the antitrust laws of the United States and the State of California. To assure full compliance, the following policies and procedures are to be followed by all personnel, all members of the Association, and by representatives of any members of the Association.

- 1) At any meeting of the membership, or where any personnel of the Association are present, or where the Association is in any way involved, there shall be no discussion of the following:
 - (a) Concerted efforts to constrain competition for products or services provided by CAHIP members or those within the industry.
 - (b) Formulas, procedures, means for the establishment and determination of prices, rates, discounts, terms and conditions of products or services.
 - (c) Acts, practices, or conduct which could be construed to constitute a boycott or any attempt to exclude a carrier, disadvantage a carrier, or conversely provide an advantage to a carrier.
 - (d) Any agreements which any member has with any potential or current clients.
 - (e) Any limitations on soliciting or hiring employees of other members.
- 2) A copy of this Antitrust Compliance Policy is posted on the Association web site.
- 3) At each board meeting the President will inform the membership of this Antitrust Compliance Policy and remind members they shall adhere to this policy in all Association meetings, and subcommittee meetings, including any informal discussions before, after or during such meetings.
- 4) The President shall periodically review with members of the Executive Committee of the Association this Antitrust Compliance Policy and discuss its effectiveness.
- 5) Nothing in this policy is intended to limit the ability of the Association to advocate within the Legislature or Administrative Agencies for fair compensation of Association members.

NABIP's Commitment to Agents and Healthcare Consumers

Addressing Medicare Commission Cuts

- Multiple carriers recently informed agents they will stop paying commissions on certain Medicare plans for 2025 coverage.
- NABIP's Medicare Advisory Group and staff are closely monitoring this issue.
- NABIP issued a [press release](#) and social media updates addressing this concern.

Collecting Stakeholder Insights

NABIP launched four surveys to gather valuable perspectives:

[Medicare Agent & Medicare Beneficiary Surveys](#): Designed to capture Medicare agents and their clients' experiences and strengthen NABIP's advocacy efforts.

[Individual Market Broker/Agent Survey](#): Share your insights to guide our advocacy efforts with lawmakers and regulators.

[Marketplace Enrollee Survey](#): Encourage your clients to complete this survey to share their experiences, providing real stories to CMS and other regulators to clarify and correct assumptions about our industry.

NABIP's Healthcare Bill of Rights

NABIP remains committed to ensuring all Americans have access to quality, affordable healthcare, guided by insurance professionals who prioritize patient advocacy and equitable solutions.

Learn more about our Healthcare Bill of Rights [here](#).

Open Enrollment Resources for Chapter Success!

- **Easy to Use Toolkits:**
These toolkits provide NABIP members with ready-made, customizable resources — from ads to social media posts and infographics. Chapters can easily use them to highlight their role and connect with consumers.
- **Promoting the Broker Advantage:**
These materials empower NABIP members to confidently showcase their expertise as trusted healthcare advisors, guiding consumers through the important Medicare and Marketplace open enrollment periods.

Annual Enrollment Period (AEP)

(Oct. 15 - Dec. 7, 2024)

This toolkit provides comprehensive resources to support Medicare-related open enrollment activities:

- **Social Media Posts:** Ready-to-use posts for promoting AEP.
- **Ad Templates:**
 - Medicare Facebook Ad
 - Google Ad
 - Medicare Print Ad
- **Customizable Flyers:**
 - Medigap
 - Medicare & Group Health Insurance
 - Comparing Traditional Medicare vs. Medicare Advantage
- **Infographic:** Customizable graphic on Medicare Part D changes.
- **Medicare Brochure:** A detailed brochure for consumer education.



Open Enrollment Period (OEP)

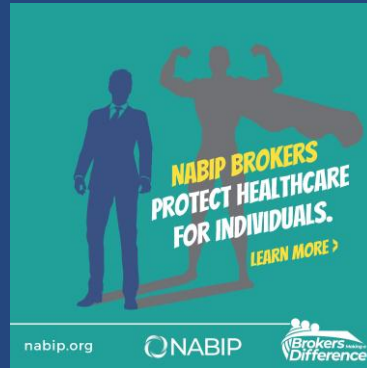
(Nov. 1, 2024 - Jan. 15, 2025)

This toolkit supports activities for the Marketplace Open Enrollment period:

- **Social Media Posts:** Optimized for engagement during Marketplace open enrollment.
- **Ad Templates:**
 - Individual & Business Facebook Ads
 - Google Ad
 - Print Ad
- **Additional Tools:**
 - **PSA (Public Service Announcement)**
 - **Sample Editorial:** To support local outreach efforts.
 - **"Find an Agent" Press Release:** Ready-to-customize for local chapters.



NABIP is rolling out an aggressive marketing initiative to reframe the narrative about the crucial role brokers and agents play in serving Americans.



Brokers Making a Difference Marketing Campaign Objectives

- Highlight the indispensable role brokers play in helping millions of Americans access affordable, high-quality healthcare coverage.
- Position NABIP members as trusted healthcare "seals of approval" for consumers.
- Promote NABIP membership as a mark of excellence in the industry.
- Support advocacy efforts that promote consumer protections and broker value.
- Counter recent criticisms and misinformation by emphasizing brokers' essential role in ensuring consumers are placed in plans best suited to their needs.
- Strengthen public perception of brokers by utilizing multi-channel messaging campaigns.

NABIP Talking Points for Compensation

NABIP, representing more than 100,000 health insurance agents, brokers, consultants and benefits professionals nationwide, is committed to equitable access to licensed, trained, professional agents for all Medicare beneficiaries.

By eliminating agent commissions in certain Medicare plans, insurance carriers create a substantial barrier for seniors who rely on agents to understand their plan options, manage costs, and access the care they need.

In a year in which seniors are already grappling with higher prescription costs and shrinking benefits in their Medicare Advantage plans and Part D plans, millions of beneficiaries now also face going it alone to enroll in certain plans that were made non-commissionable.

Medicare agents are essential advocates who not only help beneficiaries make informed coverage decision, but also help them navigate annual plan changes and resolve complex post-enrollment claim issues.

NABIP calls on carriers to meet with us and find a better solution. We ask that future changes to commissionable status must be done before October 1st.

We are already sharing information from 1500 surveys across 21 states with decision makers in DC, including a meeting this week with staffers from the Senate Finance Committee, in which we highlighted our common goals of defeating bad actors in the system and ensuring beneficiary access to trusted guidance. We also extended an invitation to legislators to visit with local NABIP agents to see our important work firsthand.

We encourage agents to continue [collecting surveys](#) until we reach our goal of 10,000 client testimonials to show legislators the value that agents and brokers bring to Medicare beneficiaries in their communities. This feedback provides firsthand accounts from Medicare beneficiaries of our value, giving us critical proof to share with legislators at Cap Con in February.

[Join the fight](#) today or [donate to the PAC](#) at www.nabip.org!



California Agents and Health Insurance Professionals

CAHIP

Protecting the Consumer's *Future*

AB 2200 – Single Payer (Kalra D- San Jose) – *Dead*

- **Proposes to abolish private health insurance in California**
 - Medicare
 - Medi-Cal, Covered California, IFP plans,
 - All group coverage
 - Valuable services of health insurance professionals
- **All Californians would lose their current benefit plans and access to providers**
 - To be replaced by benefits yet to be determined, to be serviced by an entity yet to be identified, to include new tax provisions yet to be detailed.
- **No companion funding measure was identified for the \$500+ billion/year projected costs**
 - Failed due to the cost of the program, and California's inability to fund this
 - Died "in suspense" in Assembly's Appropriations Committee

SB 770 – A Step Toward Single Payer – *Passed*

- **Overview**

- Signed by Governor Newsom in October 2023
- It does not create a Single Payer system; it lays the groundwork for financing such a system
- Focus: Obtaining federal funding for a state-run Single Payer in California

- **Key Details**

- California HHs must develop a Medicare/Medicaid waiver proposal, requesting diversion of all federal Medicare and Medicaid funding to California, to be used on a future TBD Single Payer program
 - If successful, this would eliminate Medicare and Medi-Cal in California
 - Approximate amount = \$200-250 billion

- **Timeline**

- Waiver proposal deadline: June 1, 2025
- Public comment period: 45 days after proposal is developed
- Final report: Due by November 1, 2025, at which point the federal government may be approached for waivers

SB 1236 – Medicare Supplement: Open Enrollment periods (Blakespear, D-Encinitas) – *Dead*

Would have established a new **90-day open enrollment period with guaranteed issue (GI)** for seniors and individuals with disabilities seeking to purchase **Medicare Supplement Insurance (Medigap)**.

According to the California Health Benefits Review Program (CHBRP), SB 1236 would have created several problems, including:

- 33% increase in average monthly Medigap premiums from \$239.03 to \$319.04 per member.
- 9% decrease in Medigap enrollment expected due to 33% premium rise, potentially leaving more seniors without supplemental coverage.
- Risk of insurers withdrawing from California Medigap market.



CALL TO ACTION

We need you.
YOU need YOU.

We need you. YOU need YOU.

- **Get out in the community**, write an op-ed and get published in local publications. Write on Next door and other apps using the open enrollment media tool kit Kelly Loussedes created. **Focus on how you serve the consumers, tell the stories. This is PRIME time to start flipping the script that has recently been in the media, agents are the consumers advocate and we have the stories to prove it.**



We need you. YOU need YOU.

**ADD to the
testimonials** – 1500+ is
such a small number compared to
the millions of Seniors and
individuals we serve.

We want 10,000+ for our D.C. visits





We need you.
YOU need YOU.

- **Membership** – our industry has faced significant change, our organization has faced significant change, if you have listened today, you know that our organization gives us credibility over the bad actors in the market and we have a fighting chance to preserve the professional licensed health insurance agent. But we need you to join – there are over 10,000 agents certified in Covered CA alone – where are those agents? Join if you are not a member and spread the word to your colleagues that membership matters to save our profession.

- **[JOIN HERE](#)**

We need you. YOU need YOU.

Join us in Washington DC

New faces that need to hear what
we do and why they should care.

Register for Capitol Conference at
NABIP.ORG





We need you. YOU need YOU.

- **Engage** – Contact one of the CAHIP board members to get plugged in, or your local chapter board members.
- <https://cahip.com/>



Reach out to
info@cahip.com
with additional
questions.